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TO: Examiner S. Ebrahimi Dehkordy
U. S. Patent & Trademark Office
Group Art Unit 2626

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 09/447,718
Atty. Docket No.: 03560.002007.1

FAX NO.: (703) 872-9306

DATE: December 23, 2003

NO. OF PAGES: 30
(including cover page)

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SENT BY:

MESSAGE**Attachments:**

- 1) Amendment Transmittal
- 2) Amendment

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In re Application of:

Docket No. 03560.002007.1

HIDE TO KOHTANI, et al.

Application No.: 09/447,718

Examiner: S. Ebrahimi Dehkordy

Filed: November 23, 1999

Group Art Unit: 2626

For: IMAGE PROCESSING APPARATUS,
READER CONTROLLER, AND METHOD
FOR CONTROLLING THE READER
CONTROLLER

Date: December 23, 2003

Mail Stop Non-Fee Amendment
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 42	MINUS	** 42	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 18	MINUS	*** 18	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145 ⁰ /\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,957

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DEC 23 2003

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIDEITO KOHTANI, et al.) Examiner: S. Ebrahimi Dehkordy
Application No.: 09/447,718) Group Art Unit: 2626
Filed: November 23, 1999)
For: IMAGE PROCESSING)
APPARATUS, READER)
CONTROLLER, AND METHOD)
FOR CONTROLLING THE)
READER CONTROLLER) December 23, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated September 30, 2003, please amend
the above-identified application, as follows:

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ANDREW R. MICKELSEN
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